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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature x <u>Katie Lund</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p>	
1. Article Addressed to: STAR STONE QUARRIES INC 4040 SOUTH 300 WEST SALT LAKE CITY UT 84107		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
2. Article Number (Transfer from service label) <u>7002 0510 0003 8602 8505</u>			
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
M/043/012, MC-05-01-16(1), 10/04/05	
Postage	\$ CO - MC-05-01-16(1)
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To STAR STONE QUARRIES INC Street, Apt. No.; PO Box No. 4040 SOUTH 300 WEST City, State, ZIP+4 SALT LAKE CITY UT 84107	
PS Form 3800, January 2001	
See Reverse for Instructions	

7002 0510 0003 8602 8505